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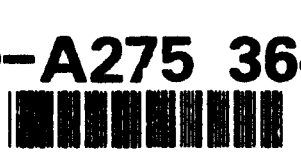

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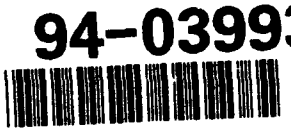

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EFFECT OF PAST MENTORING EXPERIENCES ON JOB SATISFACTION OF NURSES IN MANAGEMENT POSITIONS

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EFFECT OF PAST MENTORING EXPERIENCES ON JOB SATISFACTION OF NURSES IN MANAGEMENT POSITIONS

by

DANIEL R. KIRKPATRICK

Presented to the Faculty of the Graduate School of
The University of Texas at Arlington in Partial Fulfillment
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ABSTRACT

EFFECT OF PAST MENTORING EXPERIENCES
ON JOB SATISFACTION OF NURSES
IN MANAGEMENT POSITIONS

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The concept of mentoring and its relationship to job satisfaction has been thoroughly discussed in the literature. The purpose of this research project was to determine if past mentoring experiences affect job satisfaction scores of nurses in management positions. The results indicated that mentored nurses currently in management positions do have statistically significant higher levels of job satisfaction than non-mentored nurses. The results also found that the career functions of mentoring such as visibility, coaching, protection, challenging assignments and sponsorship play an even more important role in job satisfaction then do psychosocial functions such as role modeling, acceptance, counseling and friendship.

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CHAPTER I

INTRODUCTION

Background and Significance of the Problem

The issue of job satisfaction and its relationship to work has long been recognized and studied in the healthcare, business and psychosocial literature. Work itself is viewed as occupying a central position in the life of man (Srivastva et al., 1975) and not only determines one's income and standard of living, but influences social status and sense of identity and worth (Lamborn, 1991). While the notion that increased job satisfaction leads to higher job performance appears to have been refuted in the literature (Greene, 1972; Iaffaldano & Muchinsky, 1985; Lawler & Porter, 1967; McCloskey & McCain, 1988; Organ, 1977), questions have still arisen as to how and why workers do or do not become satisfied with their jobs. There is also no question that our society places a great deal of value on the importance of satisfied employees (Iaffaldano & Muchinsky, 1985; Larson, Lee, Brown, & Shorr, 1991). One possible determinant of job satisfaction, mentoring of junior employees, has received considerable attention in the literature, with conflicting research results (Krugman, 1990; Larson, 1980; Roche, 1979).

Research Problem

The fundamental questions addressed by this proposal are: Is the mentoring phenomenon present in nursing today, and, if so, is there a relationship between mentoring and job satisfaction? More specifically, do nurse managers who were mentored when new to management positions have greater job satisfaction than nurses in management positions who were never mentored?

Research Purpose

The purpose of this study is to determine if nurse managers, who were mentored when new to management positions, are more apt to perceive a higher level of job satisfaction then nurses in similar management positions who were never mentored. This study will be a conceptual replication of Larson's study (1980) conducted in four hospitals located in the Pacific Northwest. At that time, Larson found that job satisfaction scores for those nurses in leadership positions who had mentor relationships were higher in the areas of satisfaction with work, promotion, supervision, and co-workers than were scores for nurses in leadership positions who had not had mentor relationships. In contrast, Krugman's (1990) study revealed that there was no significant relationship between job satisfaction of nurse executives who had a mentor relationship and those who had not. This study will attempt to add to the body of knowledge concerning the effect of mentoring on job satisfaction by either supporting or

contradicting Larson's findings by using a different sample and different measures.

CHAPTER II

LITERATURE REVIEW

Theoretical Literature

The concept of mentoring has received extensive discussion and evaluation in the business, psychological, sociological and nursing journals and texts. Numerous articles attest to the importance of mentoring for the up-and-coming executive, educator, researcher or nurse (Collins & Scott, 1978; Fagenson, 1989; Gaskill & Sibley, 1990; Halcomb, 1980; Kinsey, 1990; May, Meleis & Winstead-Fry, 1982; Noe, 1988; Pardue, 1983; Pyles & Stern, 1983; Riley & Wrench, 1985; Schim, 1990; Stachura & Hoff, 1990; Vance, 1982; Wilbur, 1987; Yoder, 1990).

While much has been written about the importance of mentoring, much less has been written about the theoretical or conceptual basis of mentoring. Williams and Blackburn (1988) go so far as to say that through their literature review, they could discern no mentoring theory nor find any consensus on the nature of mentoring as a concept. Wilde and Schau (1991) state that most research examining mentoring has been atheoretical, focusing instead on career development. A number of authors, however, do describe theories or concepts they identify as key to the mentoring process. Hagerty (1986) states that mentoring has been conceptualized from three

primary perspectives: an organizational phenomenon, a structural role, and a type of interpersonal relationship. Vance (1982) describes mentoring as having an underlying model of parenting and compares the mentoring relationship with Erikson's generativity stage. Brown (1990) echoes Vance's comments when she too says that mentoring is somewhat like parenting.

Yoder (1990), who conducted a concept analysis of mentoring, stated that conceptualizations of the mentoring relationship range from a "chemistry-driven, highly emotional and intense relationship to a formally established management development process". Yoder further commented that mentoring has most commonly been described from the perspective of a structural role, an organizational phenomena, or a type of interpersonal relationship.

Schim (1990) described how the Dalton/Thompson Model (Dalton, Thompson & Price, 1977) can be used to outline a common pattern for a professional nursing career. Within this model, mentoring is seen as an important third stage in the career development of nurses.

Another study, (n=68) conducted by Horgan and Simeon (1990), modified the Vroom-Yetton Model to include a protege/non-protege variable. Their results demonstrated that managers who had been mentored showed significant differences

when dealing with proteges versus non-proteges. They were both better decision makers and more participative with proteges than were managers who had not had mentors.

While there is little agreement among authors about one particular theory or concept on the mentoring process that is acceptable to all, Kram's works on mentoring (1983, 1985) provide a conceptual model of mentoring and its phases that is understandable and clearly defined. In developing her model, Kram studied 18 different relationships using an interview technique to explore career histories and relationships with more senior managers. Within this model, Kram breaks the mentoring process down into functions and phases. Kram's model will be explored more fully in Chapter III of this thesis.

Relevant Research

In addition to the theoretical literature available on mentoring, much has been written about mentoring and its impact on educational and workplace environments. Several authors describe the importance of mentoring faculty and students within an educational setting. Williams and Blackburn's study (1988) describes how the mentoring of junior faculty members increases the research activity of both the protege (n=53) and the mentor (n=50). Pardue (1983), upon discovering minimal to nonexistent specifications on the mentor's role and responsibilities in a teaching practicum course, developed a 67-item form outlining the expected

behaviors of mentors. According to Pardue, results of using the form were overwhelmingly positive. Formalized mentoring programs between faculty and students are also described in the literature with positive results. Cahill and Kelly (1989) emphasized in their formalized program the importance of both the proteges and the mentors having a complete understanding of what the mentoring program was about. They further described how the results of a pilot study utilizing a formalized mentoring program were so positive, that plans to implement a department wide program were proceeding.

Wilde and Schau (1991) looked at mentoring from the protege's perspective (n=177) and found with the use of principal component analysis with varimax rotations that proteges reported benefits, not only to themselves but also to their mentors, in their relationships. In another study, conducted by Hill, Bahniuk, Dobos, and Rouner (1989), professors (n=224) at two universities were surveyed about their perceptions of mentoring and other communication support behaviors. Utilizing principal component analysis with iterations, they found that mentor/protege relationships were one of three separate elements of communication support.

Within the work environment, mentoring has also received considerable attention especially in the business literature. Roche (1979) interviewed top executives and found that, despite the high levels of influence they received from mentors, they did not consider having a mentor an important

ingredient in their own success. While claiming other characteristics such as motivation and the ability to make decisions have a higher value then being mentored, Roche also found that those executives who did have mentors earn more money at a younger age and are happier with their career progress. Numerous other business, management, sociology and psychology articles and studies ascribe to the importance of mentoring in the business and management world (Collins & Scott, 1978; Dreher & Ash, 1990; Halcomb, 1980; Hunt & Michael, 1983; Shapiro, Haseltine & Rowe, 1978).

While mentoring has been viewed from a number of different perspectives, and its importance repeatedly emphasized in the literature, research studies that focused primarily on the effect of mentoring on later job satisfaction of nursing leaders or supervisors are few (Larson, 1986). Krugman's study (n=261; 1990) looked at the effect of a number of different independent variables on self-image and job satisfaction and found that there was no significant relationship between mentoring (which was seen as an intervening variable) and image or job satisfaction. Larson's study was confined to the northwest section of the United States with a small sample size (n=116). The purpose of the proposed study will be to close the gaps between these two studies and attempt to identify if, indeed, mentoring does relate to nurse managers' job satisfaction.

In studying the concept of mentoring and its possible effect on job satisfaction, it is crucial to the proposed study to understand the concept of job satisfaction. It is also important to review what other variables in addition to mentoring could possibly be correlated with job satisfaction, so that their effects can be distinguished from the effects of mentoring.

Locke (1976) defines job satisfaction as the positive or pleasurable state that results from one's assessment of his/her job or job experiences. This definition is similar to one utilized by Kirsch (1990) in which job satisfaction is defined as a measurable affective response. Gibson, Ivancevich and Donnelly (1991) further define job satisfaction as an attitude individuals have about their jobs that results from their perception of their job. Their perception is based on several work environment factors including supervisor's style, policies and procedures, work group affiliation, working conditions and fringe benefits. In addition, Gibson et al. (1991) state that job satisfaction depends on the levels of intrinsic and extrinsic outcomes and on how the individual views these outcomes. These outcomes will have different meanings to different people thus explaining how levels of job satisfaction between individuals may very for the same job.

A review of the literature reveals researchers have used several different approaches in trying to determine some of the causal agents leading to job satisfaction.

Arvey, Bouchard, Segal and Abraham (1989) conducted a study that looked at monozygotic twins who had been reared apart. The twins (n=34) completed the Minnesota Job Satisfaction Questionnaire as part of a work-history assessment. Arvey et al. (1989) concluded that approximately 30% of the observed variance in general job satisfaction was due to genetic factors. They further concluded that approximately 70% of the total variance could be explained by environmental and other factors including error variance.

Cropanzano and James (1990) critiqued the article by Arvey et al. and themselves offered possible nongenetic explanations for the results offered by Arvey et al.. Cropanzano and James then concluded that it was premature to accept the notion that work attitudes are partially inherited. Brouchard, Arvey, Keller and Segal (1992) then responded in turn to Cropanzano and James' article (1990). Utilizing behavioral genetic theory, they again concluded that work attitudes are partially genetically influenced.

Another possible variable that could be determinant of job satisfaction is age. The question arises, are older workers more job satisfied? Kacmar and Ferris (1989) studied the relationship of age and job satisfaction with an all female sample of registered nurses (n=81). They concluded that there was a U-shaped curvilinear association between age and job satisfaction for four of five job satisfaction scales utilizing the Job Description Index (JDI). The fifth JDI

scale, work, demonstrated a positive linear relationship with age.

In addition to specific variables thought to influence job satisfaction, several motivation theories exist which are considered to be predictive of job satisfaction (Gibson et al., 1991). These theories include Maslow's need hierarchy, Herzberg's two-factor theory, Alderfer's ERG (Existence, Relatedness, Growth) theory, and McClelland's learned needs theory. Lamborn (1991) also utilized Vroom's expectancy theory of motivation to study job satisfaction among deans of schools of nursing (n=335). Lamborn concluded that motivation was in fact a significant predictor of job satisfaction.

Summary

While the study of predictors of job satisfaction has been extensive, research on the effect of mentoring on job satisfaction of nurses has been minimal. The purpose of this study is to determine if the application of the mentoring process to new nurse managers affects their later job satisfaction.

CHAPTER III

FRAMEWORK

Model of Framework

This study focuses on the effect of mentoring on job satisfaction. Kram's mentor role theory (1985) is used as the framework for the study (Figure 1). Kram's theory was selected because it provides the most in-depth and comprehensive description of the mentoring process found in the literature. Bandura's social learning theory (1977a) is utilized as a secondary framework to connect the concept of mentoring to job satisfaction.

Kram breaks the mentoring relationship down into two separate functions. Kram states that mentoring functions are those aspects of a developmental relationship that enhance individuals' growth and advancement (Kram, 1985). The first of the two functions, career functions, are those aspects of a relationship that enhance advancement in an organization. These functions include sponsorship, exposure and visibility, coaching, protection and challenging work assignments (Kram, 1985).

According to McFarland, Leonard and Morris (1984), sponsorship is actually a less consuming relationship than mentoring but one that also augments personal-oriented behavior. Exposure and visibility is that aspect of a

mentoring relationship that allows the protege written and personal contact with other senior members of the organization. The visibility function involves assigning responsibilities that allow a protege to develop relationships with key figures in the organization who may judge his/her potential for further advancement (Kram, 1985).

Coaching is suggesting specific strategies for accomplishing work objectives, for achieving recognition, and for achieving career aspirations (Kram, 1985). The act of shielding a junior person from untimely or potentially damaging contact with other senior officials is defined by Kram (1985) as protection. The last of the career functions, challenging assignments, is defined by Kram as the assignment of an individual to challenging work (1985). These particular functions are further described by Kram as those aspects of a relationship that enhance advancement in an organization (Kram, 1985). Kram further states that career functions have three common characteristics. The first characteristic is that these functions are possible because of a senior person's position, experience, and organizational influence. The second characteristic is that they serve career-related ends of the junior person or protege by helping them learn the finer points of organizational life, gain exposure, and obtain promotions. The third characteristic is that these functions

serve career-related ends of the senior person or mentor by helping them build respect through the development of younger talent within the organization (Kram, 1985).

The second set of mentoring functions are the psychosocial functions. The psychosocial functions include those aspects of a relationship that enhance an individual's sense of competence, identity, and effectiveness in a professional role (Kram, 1985). These functions include role modeling, acceptance and confirmation, counseling, and friendship.

Role modeling is a passive process through which a person takes on the values and behavior of another through identification by observing others model those behaviors. The relationship between the individuals can vary in duration and intensity (Bidwell & Brasler, 1989). Yoder (1990) further clarifies that role modeling is thought to be a small component of mentoring. Acceptance involves the acceptance or approval of an individual (Webster, 1987) while refraining from judging and rejecting them (Wilson & Kneisel, 1988). Confirmation is simply giving formal approval (Webster, 1987).

Counseling is a psychosocial function that enables an individual to explore personal concerns that may interfere with a positive sense of self (Kram, 1985). The final psychosocial function, friendship, is defined by Kram as a

function characterized by social interaction that results in mutual liking and understanding and enjoyable informal exchanges (1985).

Kram states that the psychosocial functions affect the individual's relationship with themselves and with significant others both within and outside the organization (Kram, 1985).

In addition to mentoring functions, Kram describes four predictable phases a mentor and protege go through during the mentoring process (Kram, 1983). These four phases include an initiation period, a cultivation phase, a time of separation, and a period of redefinition.

In the initiation phase, the relationship between the protege and mentor begins. This beginning may take place spontaneously or simply emerge as Burke (1984) found in 59% of the cases he studied, or it may begin in a more structured setting such as a formalized mentoring program (Phillips-Jones, 1983). During the initiation phase lasting from six months to a year, the protege begins to see the mentor as someone who will care for him, support and respect him, and provide important career and psychosocial functions (Kram, 1983).

The second or cultivation phase of the mentoring process is a time for the mentor and protege to build upon their relationship. This is also an opportunity to test out the positive expectations both the mentor and protege had developed towards each other in the initiation phase. Kram

states that during the cultivation phase, career functions of the mentoring relationship begin to emerge first in the form of coaching, challenging work, visibility, protection and sponsorship (1983). These are then followed by the psychosocial functions. A further point emphasized by Kram about the cultivation of the relationship is that career functions depend on the mentor's organizational rank, tenure, and experience, while psychosocial functions depend more on the degree of trust, mutuality, and intimacy that have developed in the relationship between the mentor and protege (Kram, 1983). The third phase of the mentoring relationship generally begins as the protege now starts to step off on his/her own exercising new found autonomy and independence and putting into practice some of the skills they learned. According to Kram (1983), this separation phase can be a time of considerable turmoil and anxiety for both the protege and the mentor as they both adjust to breaking up the relationship. Kram further explains that this separation can be both structural (relocated to a different office or geographical location) or psychological (learning to work without each other) (Kram, 1983). This can be especially difficult if the protege has moved up within the organization to perhaps more of a peer position while the mentor has not advanced. This phase of the mentoring relationship will usually end when both the mentor and the protege realize that the relationship is no longer needed.

In the last phase of the mentoring relationship, called redefinition by Kram, the mentor and the protege develop more of a friendship that is less dependent on obvious support and guidance (Kram, 1983). Kram and other authors caution, that some mentoring relationships end in feelings of hostility and resentment, especially if the mentor feels abandoned, or if the relationship should develop into more than a mentoring alliance as in some cross-gender mentoring situations (Bowen, 1985; Clawson & Kram, 1984; Darling, 1985; Kram, 1983; Lean, 1983; Ragins & McFarlin, 1990).

Kram's mentoring theory provides a model to study the research problem. In using the model (figure 1.), the researcher will attempt to describe how job satisfaction can be directly linked to mentored relationships versus non-mentored relationships.

A secondary concept utilized in the proposed study concerns the dependent variable of job satisfaction. Beck (1985) shared that the theoretical frameworks used in Nursing Research articles from 1974-1985 concerning job satisfaction (n=3) were frameworks developed by Maslow (Needs Hierarchy Model) and Herzberg (Two-Factor Theory). Both of these theories have serious drawbacks according to Gibson, Ivancevich and Donnelly (1991). Gibson et al. (1991) state that Maslow's theory has not been supported by field research and is therefore not recommended for use in predicting human behavior. Their complaints about Herzberg's theory are

numerous. First, Gibson et al. (1991) state that Herzberg's theory was originally based on a sample of accountants and engineers and thus is difficult to generalize to other occupational groups. Second, they say that Herzberg's work oversimplifies the very nature of job satisfaction. An additional criticism is that in Herzberg's work, "little attention has been directed toward testing the motivational and performance implications of the theory" (Gibson et al., p. 111). While one research study using Herzberg's theory was applied successfully to job satisfaction among nurse practitioners (Koelbel, Fuller & Misener, 1991), for the reasons cited, neither Maslow's nor Herzberg's theories will be used as theoretical frameworks within this study. Instead, Social Learning Theory, developed by Albert Bandura (1977a), is utilized as a secondary concept in the proposed study along with Kram's Mentoring Theory.

According to social learning theory, much of our human behavior is acquired by observation and imitation of others in a social context (Gibson et al., 1991). This observation and imitation of others can eventually lead to a key element of social learning theory called self-efficacy. According to Gist (1987), self-efficacy refers to one's belief in one's capability to perform specific tasks and arises from the gradual acquisition of complex cognitive and social skills through experience. Bandura (1977b) further states that social psychological procedures, such as mentoring, alter the

level and strength of self-efficacy. In the mentoring process, as demonstrated in Kram's model, the mentor applies aspects of career and psychosocial functions to encourage the protege through sponsorship, coaching, role modeling, etc. This eventually leads to the mentor developing expectations about the protege's job performance. The protege in turn begins to develop expectations of self-efficacy for managerial tasks. These expectations about job performance might thus be viewed as an important input to the protege's self-efficacy perceptions about job satisfaction. Through the enhancement of self-efficacy gained in mentoring relationships, nurse managers will be more likely to enjoy their work. Simply put, mentored nurse managers will be more likely to enjoy their jobs because they will be more likely to feel that they do it well. Because of its focus on developing new behaviors through the observation of others and the element of self-efficacy, social learning theory lends itself very well to the mentoring process and as such blends very well with the psychosocial functions of Kram's theory.

Formulation of research hypothesis

Specific Proposition - The presence and amount of interaction in the form of mentoring positively influences the level of job satisfaction.

Hypothesis - If a more experienced nurse manager (mentor) helps a beginning nurse manager (protege) through guiding, assisting, and teaching her/him about the intricacies of

nursing management through the mentoring process, the beginning nurse manager will later experience a higher level of job satisfaction than she/he would have if she/he had not gone through a mentoring relationship.

Definition of Major Variables

1. Job satisfaction - Conceptual definition: The degree of positive orientation toward one's employment (Mueller & McCloskey, 1990).

Operational definition: Job in General Scale (JIG), (Ironson, Brannick, Smith, Gibson & Paul, 1989).

2. Mentoring - Conceptual definition: A situation that occurs when an experienced manager tries to provide information, advice, counseling, guidance and emotional support to a new manager (a protege) in an organization. The functions of a mentor include: teacher, advisor, sponsor, role model, counselor and personal friend. The relationship usually lasts over an extended period of time, such as months to years, and is marked by a large emotional and professional commitment from both parties. Mentoring differs from the individual functions of advising, sponsoring, teaching or role modeling in that it encompasses all of these activities and is much more involved, personal and intense then any one of these activities individually. If the opportunity presents itself, the mentor also uses both formal and informal forms of influence to further the career of the protege. The mentoring process may be started by either the mentor or the protege and

may be established formally (i.e. a sanctioned activity in a particular organization) or informally.

Operational definition: A twenty-six question survey (Nurse Manager Mentor Questionnaire) to establish presence and depth of any mentoring relationships the nurse manager may have had as a nurse manager.

Definition of Terms

To clarify the terminology utilized in this study, the following terms are defined:

1. New nurse manager - a beginning or novice nurse manager or one in a mentoring relationship who has the lesser amount of experience.

2. Mentor - The senior person in a mentoring relationship (Bowen, 1985). This individual provides sponsorship, guidance, education and personal assistance (Bidwell & Basler, 1989).

3. Networking - The process of exchanging information between strategically placed individuals who have access to ideas and other people (Strasen, 1987).

4. Nurse manager role - A nurse who as a result of an assigned position supervises and manages other registered nurses and/or health care workers. May be referred to as a head nurse, charge nurse, unit manager, coordinator, clinical supervisor, assistant or associate nursing administrator, senior nursing administrator, director of nursing, vice president of nursing, chief nurse, or vice president of patient care services.

5. Preceptorship - A practice involving a unit-based nurse who carries out one-to-one teaching of new employees or nursing students, in addition to regular unit duties (Shamian & Inhaber, 1985). This activity is primarily focused on the process of orientation and socialization of the new employee to the work environment.

6. Protege - The junior person in a mentoring relationship (Bowen, 1985).

7. Experienced nurse - A nurse in a management or mentor position who has more experience as a nurse manager than a new nurse manager.

Assumptions and Limitations

An assumption was made for this study that each individual answering the questionnaire would answer truthfully. Another assumption was made that the definition of a mentoring relationship would be understood and so indicated on the questionnaire if it applied to the respondent's situation.

Limitations to the use of these theoretical frameworks for this research study are focused on whether or not the mentoring model accurately precedes the dependent variable of job satisfaction. A potential problem and possible limitation is that, while mentoring may in fact increase job

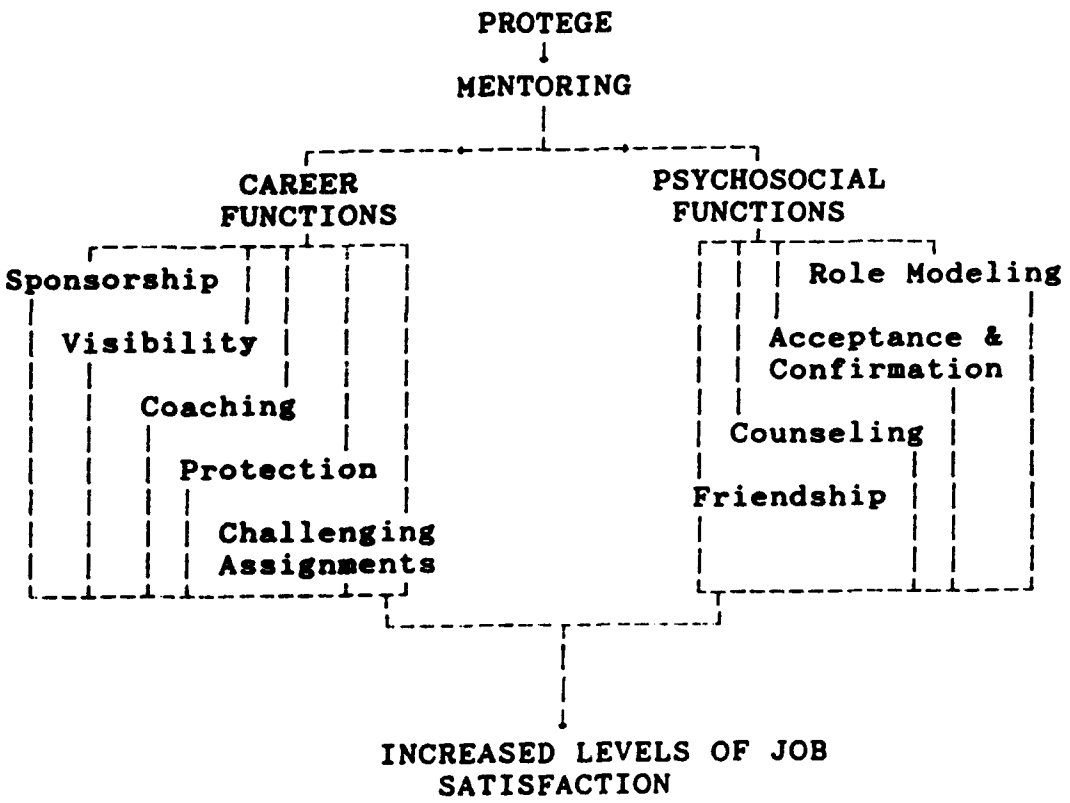

Figure 1. Kram's Mentoring Model

satisfaction, it is not the only factor that does so. There may be other, not identified independent variables, that impact on job satisfaction. This will have to be closely watched. Another possible limitation is that all mentoring relationships are not created equal. That is to say, the way one individual mentors a protege might have a different impact on that same protege if another person mentored her/him.

CHAPTER IV

METHODS AND PROCEDURES

Introduction

The purpose of this study is to determine if past and present mentoring experiences have an effect on current job satisfaction of nurses who are now in management positions. The methods and procedures used to answer this question will be described in this section. This section will include descriptions of the research design, population and sample, setting, ethical considerations, measurement methods, plan for data collection, plan for data analysis, methodological limitations, communication of findings, and a brief presentation of the study budget and timetable.

Research Design

The research design selected for this thesis is a descriptive correlational design. The design facilitates the identification of the relationship between past mentoring experiences and current job satisfaction for nurses who are presently in management positions. A particular strength of this design is that it allows the identification of many interrelationships in a given situation in a short period of time (Burns & Grove, 1987). While a strength of this design, the identification of many interrelationships can also become a weakness. As was stated earlier, the purpose of this study

is to examine the relationship between mentoring and job satisfaction. In the process of evaluating the relationship of mentoring and job satisfaction, the researcher must also be aware of other possible causes of job satisfaction other then mentoring. These might include job security, salary, work schedule, work relationships and affiliations, organizational structure or status, and issues associated with an individuals personal life. According to Polit and Hungler (1987), when using a descriptive correlational design, a researcher may be restricted to describing the existing relationship without fully comprehending the complex causal pathways that might exist. As a descriptive correlational design, no treatments or nursing interventions will be attempted.

Population and Sample

Subjects for this study were selected from three large hospitals in the Dallas/Fort Worth, Texas area and from three United States Air Force medical treatment facilities also located in the State of Texas. The initial sample size goal of the study was determined by a power analysis. Power analysis revealed that a population size of at least one hundred and thirty two nurses would be necessary to reduce the risk of a Type II error.

All nurses selected for the study were in full-time management positions. This included head/charge nurses and assistants, nurse managers, unit managers, clinical and administrative supervisors, assistant and associate

administrators, chief nurses, and vice presidents of nursing. The population from the three Dallas/Fort Worth hospitals were selected as follows: all nurses who were in full-time management positions were asked to participate in the study. The number of nurses from these three hospitals was one hundred and fifty-two. The population selected from the group of Air Force nurses included nurses in management positions from the three Air Force medical treatment facilities and numbered ninety-six.

The sampling technique selected for the study is a convenience sample. Strengths of convenience sampling are that the samples collected are usually inexpensive to obtain, accessible and usually require less time to acquire (Burns & Grove, 1987). Burns and Grove also state that convenience samples provide a method to conduct studies on topics that could not be examined at all using the sampling technique of probability sampling (1987). It would also be very difficult to obtain a large enough probability sample for the phenomenon being studied to avoid sampling error and would require a great deal of time to complete. A particular weakness of convenience sampling is that multiple biases may be in action in the sample, some of which may be subtle and unrecognized (Burns & Grove, 1987). An example of a bias that may be present in this study is that nurses in supervisory positions may not be representative of nurses in general. Another bias that may be present is that those nurses who choose to

participate in the study and fill out the surveys may differ from those nurses who choose not to participate (Burns& Grove, 1987).

Setting

The setting for the study was three large hospitals in the Dallas/Fort Worth area and three Air Force medical treatment facilities located in Texas. The three civilian hospitals selected for the study are large metropolitan medical centers offering a full range of clinical services with nurses in a variety of clinical and management positions. The Air Force hospitals consist of one large medical center and two smaller hospitals, all offering basic clinical services. A particular strength of the settings within the selected medical facilities was that no modifications to physical structure or social interactions would be necessary. This should allow for greater generalizability of the study findings (Burns & Grove, 1987). A potential weakness is that work patterns may have been altered to allow nurse managers time to complete the study questionnaire.

Ethical Considerations

All participants in a study have a right to self-determination and privacy (Burns & Grove, 1987). Therefore, no nurses approached to participate in this study were coerced in any way to become a research subject. In addition, individual participation or lack thereof remained unknown to the employers of the approached nurses. A cover

letter (Appendix B) to the surveys describing specific details of informed consent, including a statement that participation in the study is completely voluntary, was attached to the surveys. Participants were also instructed not to write their names anywhere on the surveys. In addition, participants were assured that their responses would be used in summary form only, and that hospitals and specific positions of nursing supervisors would not be identified by name. The researcher also refrained from sharing any private information collected.

Since the proposed study did not involve any experimental procedures and confidentiality was guaranteed, there were no risks to the subjects who completed the surveys. Benefits to completing the surveys are concerned with furthering nursing's body of knowledge on the phenomenon being studied.

The review process for this study included a review by the University of Texas at Arlington Human Research Review Committee and reviews by each of the healthcare facilities appropriate review agencies. Approval from each of these agencies was obtained before any data was collected.

Measurement Methods

The measurement methods used in this study include the Job in General Scale (JIG), (Ironson, Brannick, Smith, Gibson & Paul, 1989), a mentoring tool that identifies the presence of a mentor during the subjects nursing management career, and a tool for collecting demographic data.

The JIG Scale was chosen for this study because it describes overall feelings about ones' job instead of looking for specific facets as in the Job Description Index (JDI) or the McCloskey/Mueller Satisfaction Scale (Mueller & McCloskey, 1990). It also offers eighteen, brief YES, NO or ? responses. In addition, the JIG Scale was chosen because it does not target a specific group for measurement of job satisfaction, such as staff nurses in the McCloskey/ Mueller Satisfaction Scale.

Internal consistency reliability for the Job in General Scale was checked in two separate studies (N=1,149 and N=3,566) with coefficient alphas of .91 in the first study and alphas ranging from .91 to .95 in the second study (Ironson et al, 1989).

Construct validity for the JIG was evaluated through the use of convergent and discriminant validity. Convergent validity was verified by correlation with four other global scales: the Brayfield-Rothe scale; the Faces scale; a rating scale anchored by adjectives prescaled for favorableness; and a numerical rating scale (Ironson et al, 1989). Results of the correlations between these four scales and the JIG ranged from .66 to .80. Ironson et al (1989) considered these levels at least minimally acceptable.

Discriminant validity for the JIG was also demonstrated when compared with the JDI. In a study of managers conducted by Ironson et al (1989), the JIG showed significantly greater

validity then the JDI scales in predicting some of the variables involved in the study (N=648).

Expert validity for the Nurse Manager Mentoring Questionnaire was established by sending the tool to a group of ten different civilian and military nurse managers for their review and comments. Changes were then made to the instrument to clarify any confusing questions or comments.

The demographic data tool consisted of questions on current occupational status, nursing academic preparation, career emphasis and choice, age, gender, and ethnic background.

Data Collection

Subjects for the study were selected from three large hospitals in the Dallas/Fort Worth, Texas area and from three Air Force hospitals also located in Texas. Subjects from the three Dallas/Fort Worth hospitals were selected as follows: after obtaining permission to conduct the study from all necessary individuals and committees at the three hospitals, the researcher obtained listings from the facility nursing administrators of all nurses in two of the three facilities who met the criteria for a nurse in a management position. No listing was provided by the third facility. Nurses at all three facilities were approached by the researcher during nurse manager meetings. During the meetings, the nursing managers were told that a study was being conducted to determine what factors might affect job satisfaction among

nurse managers. The research questionnaires were then handed out to the nurse managers at these meetings. Copies of the questionnaire were provided to each facility to be disseminated to nurse managers who were not present at the meetings. Self-addressed stamped envelopes with the researchers' address were attached to each survey. Participants were also requested not to place their names anywhere on the surveys. Follow-up post cards were then sent to each nurse two weeks after distribution of the surveys to remind them to complete the survey and to thank those who had already completed and returned it. The postcard mailout was based on the original lists of nurse managers provided to the researcher by the nursing administrators.

The data management plan for the surveys consisted of checking the completed surveys for completion.

Data Analysis

To estimate the reliability of the job satisfaction scale utilized in the study, Pearson correlation coefficients and Cronbach's alpha were used. Cronbach's alpha was also used to determine the reliability of the depth of the mentoring and job satisfaction questions. The impact of mentoring on job satisfaction was evaluated through the use of correlation and multiple regression analysis. Regression analysis was also utilized to ascertain if specific demographic data had an affect on job satisfaction scores.

It was hypothesized that nurse managers who have been involved in past mentoring relationships as the protege would exhibit statistically significant differences in levels of job satisfaction. Power analysis was conducted to determine an appropriate sample size.

Data analysis of demographic data was analyzed through the use of descriptive statistics for the following areas:

1. Current occupational position
2. Full time/part time
3. Years in position
4. Years in nursing
5. Basic nursing preparation
6. Current nursing preparation
7. Average hours per week spent on professional activities outside the work setting
8. Major career emphasis in nursing
9. Was nursing a first career choice?
10. Educational preparation or careers other than nursing
11. Hours spent on professional travel time
12. Age
13. Gender
14. Ethnic background
15. Annual salary

Methodological Limitations

The primary methodological limitation in this study has to do with the possibility of attributing causes of job satisfaction to factors other then mentoring.

The two different settings for the study, Dallas/Fort Worth hospitals and the Air Force hospitals, may also be seen as a possible methodological limitation to the study. The distinct and potentially chaotic environments of these settings may have hampered the ability of the study being generalized to the nursing population as a whole. A very real possibility is that nurses in both settings may have felt rushed to complete the surveys and as a result may not have answered them completely or totally honestly.

Communication of Findings

The results will be shared with nurses at the three Dallas/Fort Worth hospitals and the Air Force hospitals. The procedure for sharing the results with the Air Force nurses will be coordinated through the office of the Chief, Air Force Nurse Corps, in Washington, D. C..

Additional methods of communicating the findings of the research report include both verbal and poster presentations. Finally, steps will be taken to have the study results published.

CHAPTER V

RESULTS

Introduction

Previous research on the correlation between mentoring and job satisfaction has had conflictual results (Krugman, 1990; Larson, 1980). The purpose of this research project is to add to the body of knowledge regarding the phenomenon being studied. This chapter will present a description of the sample characteristics, discuss the reliability of the instruments used in the study, and analyze the results of the study as they apply to the hypothesis.

Sample Characteristics

The sample population was selected from three large metropolitan hospitals in the Dallas/Fort Worth area and three Air Force medical treatment facilities located in Texas. Two hundred and forty-eight surveys were sent out to the six different hospitals. One hundred and eighty surveys were sent back for an overall average return rate of seventy-three percent. The response rate between facilities varied between sixty and one-hundred percent with the civilian hospitals averaging a sixty-three percent return rate and military hospitals averaging an eighty-seven percent return rate.

The average respondent to the survey could be described as a 40 year old, baccalaureate educated, white female working

full time in a lower or entry level management position as a unit manager on a medical/surgical floor and making approximately $45,000 a year. The average length of time this individual has been in nursing is 16.7 years with 3.7 years in their current management position (see Tables 1-8).

Table 1

Demographic Data: Age

Value Label	Value	Frequency	Percent
20-25	1	1	.6%
26-30	2	23	12.8%
31-35	3	24	13.3%
36-40	4	44	24.4%
41-45	5	48	26.7%
46-50	6	17	9.4%
51-55	7	15	8.3%
56+	8	5	2.8%
No Response	.	3	1.7%
Total		180	100.0%
Mean Value 4.393	Std dev 1.585		

Table 2

Demographic Data: Basic and Highest Educational Preparation

Basic Educ Prep	Value	Frequency	Percent
Associates Degree	1	25	13.9%
Diploma	2	45	25.0%
Baccalaureate	3	108	60.0%
No Response	.	2	1.1%
Total		180	100.0%
Mean Value 2.466	Std dev .730		

Highest Educ Prep	Value	Frequency	Percent
Associates Degree	1	7	3.9%
Diploma	2	13	7.3%
Baccalaureate	3	82	45.8%
Masters	4	76	42.2%
Doctorate	5	1	.6%
No Response	.	1	.6%
Total		180	100.0%
Mean Value 3.285	Std dev .773		

Table 3

Demographic Data: Ethnic Background, Gender

Ethnic Background	Frequency	Percent
Black/African American	19	10.6%
Asian American	6	3.3%
White	145	80.6%
Hispanic	6	3.3%
Other	2	1.1%
No Response	2	1.1%
Total	180	100.0%

Gender	Frequency	Percent
Male	18	10.0%
Female	160	88.9%
No Response	2	1.1%
Total	180	100.0%

Responses to the survey questions on current occupational position and major career emphasis indicate that nurses are working in a wide variety of management positions and identify themselves as having a broad range of clinical and specialty interests in diverse functional areas (see Tables 4 and 5).

Table 4

Demographic Data: Current Occupational Position

Position	Frequency	Percent
Head Nurse	30	16.7%
Charge Nurse	27	15.0%
Unit Manager	59	32.8%
Coordinator	13	7.2%
Clinical Supervisor	15	8.3%
Assistant/Assoc Nsg Administrator	15	8.3%
Senior Nsg Administrator	4	2.2%
Dir of Nsg, VP of Nsg, Chief Nurse	14	7.8%
VP of Patient Care Services	2	1.1%
No Response	1	.6%
Total	180	100.0%

Table 5

Demographic Data: Clinical Interest or Speciality in Nursing and Major Functional Area

Clinical Interest or Speciality	Frequency	Percent
Community/Public Health	16	8.9%
Medical/Surgical	101	56.1%
Parent/Child	38	21.1%
Psych/Mental Health	15	8.3%
Geriatric	0	0.0%
Rehabilitation	0	0.0%
General Practice	0	0.0%
OR/ER/ICU/Recovery Room	45	25.0%
Total	215*	119.4%*

Major Functional Area of Nursing	Frequency	Percent
Clinical Practice	95	52.8%
Education/Academic	14	7.8%
Administration of Nursing Services	89	49.4%
Administration of Educational Programs	5	2.8%
Research	5	2.8%
Other	8	4.4%
Total	216*	120.0%*

*Note: Nurses were allowed to identify one or more areas

In addition to the wide variety of jobs and positions reported by the survey respondents, salaries of the nurse managers also covered a wide spectrum (see Table 6).

Table 6

Demographic Data: Annual Salary Range

Salary Range Value	Frequency	Percent	
25,000-34,999	1	12	6.7%
35,000-44,999	2	60	33.3%
45,000-54,999	3	74	41.1%
55,000-64,999	4	17	9.4%
65,000-74,999	5	8	4.4%
75,000-84,999	6	2	1.1%
85,000+	7	2	1.1%
No Response	.	5	2.8%
Total		180	100%
Mean Value 2.789	Std dev 1.070		

Several other categories of demographic information were also reported by the nurses completing the survey. These include: years in nursing (yrs in nsg), years in current

managerial position (yrs in job), hours per week spent on healthcare related activities outside of the work setting (hrs in prof act), annual professional travel on a regional, national, and international level, whether or not nursing was a first career choice, and educational preparation and/or careers other than nursing (see Tables 7-8).

Table 7

Demographic Data: Years in Nursing, Years in Current Managerial Position, Hours Per Week Spent on Healthcare Related Activities Outside the Work Setting, and, Annual Professional Travel

Category	Range	Mean	Std dev
Yrs in Nsg	1-40	16.701	8.222
Yrs in Job	1-24	3.719	4.146
Hrs Prof Act	0-60	4.029	6.667
Annual Pro Travel/Days			
Regional	0-32	3.844	4.872
National	0-25	2.876	4.021
International	0-30	.361	2.837

As is indicated, the number of hours per week nurses spent on healthcare related activities outside the work setting varied considerably from a low of zero hours per week (n=41, 22.8%) to a reported sixty hours per week (n=1, 0.6%). Annual professional travel by nurses in all three categories also varied significantly. Large numbers of nurses indicated they had no annual professional travel (regional travel n=50, 27.8%; national travel n=84, 46.7%; and international travel n=162, 90.0%).

Table 8

Demographic Data: Nursing a First Career Choice, Educational Preparation/Careers Other Than Nursing

	Frequency	Percent
Nursing a First Career Choice		
Yes	136	75.6%
No	42	23.3%
No Response	2	1.1%
Educ Prep/Careers Other then Nsg		
Yes	65	36.1%
No	112	62.2%
No Response	3	1.7%

Instrument Reliability

Measurement of internal consistency for the two different instruments used in the study was determined by Cronbach's alpha. Of the one hundred and eighty surveys returned by the nurse managers, one hundred and sixty-eight were usable for determining alphas. Twelve surveys were not used due to deleted or misma-ked items.

The Job In General Scale (JIG) was used to measure job satisfaction. This global scale consists of eighteen items that allows the respondent to answer 'Yes', 'No' or '?' to items in the scale. A '?' response indicates the respondent cannot decide about the response or the response does not apply. Cronbach's alpha for the JIG scale as used in this study was .88. This corresponds favorably with results obtained by Ironson, Brannick, Smith, Gibson and Paul who reported a coefficient alpha of .91 in one of their studies using the JIG (1989).

Cronbach's alpha for the Nurse Manager Mentor Questionnaire (NMMQ) was determined by analyzing twelve likert-scale items that are included at the end of the NMMQ. These twelve items were used to measure different aspects of the mentoring process, because they closely correspond to the two distinct sets of mentoring functions described by Kram (1985). Two additional non-mentoring items were added to check on spurious response consistencies among the respondents. This brought the total number of likert-scale

items to fourteen. Cronbach's alpha for the twelve mentor specific items on the NMMQ was .88.

Results Relating to the Research Hypotheses

The research problem for this study asked if the mentoring phenomenon was, in fact, present in nursing today, and, if so, was there a relationship between mentoring and job satisfaction? The research hypotheses stated that if a more experienced nurse manager (mentor) helps a beginning nurse manager (protege) through guiding, assisting, and teaching her/him about the intricacies of nursing management through the mentoring process, the beginning nurse manager will later experience a higher level of job satisfaction than she/he would have if she/he had not gone through a mentoring relationship.

Data analysis of the frequency responses for the Nurse Manager Mentor Questionnaire (NMMQ) was based on the one hundred and eighty surveys returned by the nurse managers.

Seventy-five (41.7%) of the one hundred and eighty nurses indicated they had never been in a mentoring relationship as the protege. One hundred and five nurses (58.3%) indicated that they had been in at least one mentoring relationship as the protege. Of the one hundred and five nurses who indicated they had been mentored, eighty-six (82%) stated their mentoring relationships were informal in nature while thirteen (12%) indicated their mentoring relationships were in formal, institution sponsored mentoring programs. Six nurses (6%) did

not indicate if their mentoring relationships were formal or informal.

The numbers of mentoring relationships experienced by the mentored nurses varied. Thirty-three nurses (31%) indicated they had been involved in only one mentoring relationship as a protege. Forty-three nurses (41%) had been involved in two mentoring relationships while twenty-eight nurses (27%) indicated involvement in three or more mentoring relationships as a protege. One nurse (1%) did not indicate how many mentoring relationships he/she had been involved in.

Professional relationship with the mentor was another area looked at in the survey. Table 9 illustrates the professional relationship between the mentor and protege. Percentages are again based on the frequency responses of the one hundred and five nurses who indicated they had been involved in at least one mentoring relationship.

Table 9

Professional Relationship With Mentor

	Frequency	Percent
Peer	20	19.1%
Immediate Superior	51	48.6%
Position above Supervisor	10	9.5%
Out of the Department	6	5.7%
Other	1	.9%
No Response	17	16.2%
Total	105	100.0%

In addition to professional relationships with the mentor, social relationships between mentor and protege were also looked at (see Table 10). Data that analyzed how soon after or just prior to assumption of managerial duties a nurse began in a mentoring relationship are listed in Table 11. Another question about the scope of mentoring relationships asked how long the relationships had lasted. Table 12 addresses this issue.

Table 10

Social Relationship with Mentor

	Frequency	Percent
Personal Friend	21	20.0%
Professional Relationship Only	53	50.5%
No Personal or Prof Relationship	5	4.8%
Other	9	8.6%
No Response	17	16.2%
Total	105	100.0%

Table 11

How Soon Mentoring Relationships Began

	Frequency	Percent
Prior to Beginning Management Duties	26	24.8%
0-3 Months After Assumption of Duties	32	30.5%
3-6 Months After Assumption of Duties	13	12.4%
6 Mos-1 Yr After Assumption of Duties	9	8.6%
1-2 Yrs After Assumption of Duties	6	5.7%
3+ Yrs After Assumption of Duties	2	1.9%
No Response	17	16.2%
Total	105	100.0%

Table 12

How Long Mentoring Relationships Lasted

	Frequency	Percent
0-6 Months	13	12.4%
6 Months-1 Year	12	11.4%
1-2 Years	21	20.0%
2-3 Years	13	12.4%
3+ Years	28	26.7%
No Response	18	17.1%
Total	105	100.0%

Along with looking at how long mentoring relationships had lasted, was the question of whether or not the relationships were still ongoing. Forty-three (41%) of the nurses who had indicated they had been involved in a mentoring relationship reported they were still involved in the relationship as a protege. Forty-Five (43%) nurses indicated the mentoring relationship had ended, with 17 nurses (16%) not responding to the question. Age of the mentor in relation to the protege was another question asked (see Table 13). Another question on the scope of mentoring addressed how the mentor was met (See Table 14).

Table 13

Age of Mentor in Relation to Protege

	Frequency	Percent
Older	77	73.3%
Younger	9	8.6%
Same Age	1	.9%
No Response	18	17.1%
Total	105	100.0%

Table 14

How Was Mentor Met

	Frequency	Percent
On the Job	83	79.0%
In a Classroom Surrounding	2	1.9%
Other	6	5.7%
No Response	14	13.3%
Total	105	100.0%

Two more questions looked at whether or not the mentor was of the same sex and was the mentor a registered nurse. Seventy-seven respondents (73%) indicated their mentor was of the same sex, with 10 nurses (9%) stating their mentor was of the opposite sex. Eighteen nurses (17%) did not respond to this question. An overwhelming eighty-four nurses (80%) stated their mentor was a registered nurse while 4 nurses (4%) indicated their mentor was not an registered nurse. Of the one hundred and five nurses who indicated they had been involved in mentoring relationships, seventeen (16%) did not indicate if their mentor was a registered nurse or not.

The actual depth and extent of the mentoring relationships was analyzed through the use of fourteen questions that asked the respondents to indicate on a Likert type scale how involved they had been with their mentor (see Appendix C, Part II, questions 13-26). The first question asked if the mentor had served as a role model (see Table 15). Note: Responses for Tables 15-26 are based on frequency data of all one hundred and eighty nurses who responded to the survey.

Table 15

Mentor Served as a Role Model

	Frequency	Percent
1 Never	0	0.0%
2	2	1.9%
3	4	3.8%
4	47	44.8%
5 Always	46	43.8%
No Response	6	6.0%
Total	105	100.0%

Additional questions on the NMMQ addressed whether or not the mentor had shared their own career history with the protege (see Table 16), if the mentor provided opportunities for talk with the protege (see Table 17), whether or not the mentor helped the protege develop interpersonal skills (see Table 18), did the mentor provide positive and negative feedback to the protege (see Table 19), was the protege encouraged by the mentor to take on difficult assignments (see Table 20), did the mentor protect the protege in their work (see Table 21), were job related professional activities encouraged by the mentor (see Table 22), did the mentor

publicize the protege's accomplishments (see Table 23), did the mentor provide opportunities for the protege to see how the organization really worked (see Table 24), was the protege provided opportunities by the mentor to work on important projects (see Table 25), and, did the mentor introduce the protege to important people (see Table 26).

Table 16

Mentor Shared Career History

	Frequency	Percent
1 Never	2	1.9%
2	4	3.8%
3	26	24.8%
4	38	36.2%
5 Always	29	27.6%
No Response	6	5.7%
Total	105	100.0%

Table 17

Mentor Provided Opportunities to Talk

	Frequency	Percent
1 Never	0	0.0%
2	1	.9%
3	16	15.2%
4	37	35.2%
5 Always	45	42.9%
No Response	6	5.7%
Total	105	100.0%

Table 18

Mentor Helped Me Develop Interpersonal Skills

	Frequency	Percent
1 Never	1	.9%
2	5	4.8%
3	23	21.9%
4	40	38.1%
5 Always	30	28.6%
No Response	6	5.7%
Total	105	100.0%

Table 19

Mentor Provided Me With Pos and Neg Feedback About My Work

	Frequency	Percent
1 Never	1	.9%
2	1	.9%
3	13	12.4%
4	37	35.2%
5 Always	47	44.8%
No Response	6	5.7%
Total	105	100.0%

Table 20

Mentor Encouraged Me To Take On Difficult Assignments

	Frequency	Percent
1 Never	1	.9%
2	2	1.9%
3	6	5.7%
4	40	38.1%
5 Always	50	47.6%
No Response	6	5.7%
Total	105	100.0%

Table 21

Mentor Protected Me In My Work

	Frequency	Percent
1 Never	11	10.5%
2	21	20.0%
3	35	33.3%
4	23	21.9%
5 Always	6	5.7%
No Response	9	8.6%
Total	105	100.0%

Table 22

Mentor Encouraged Job Related Professional Activities

	Frequency	Percent
1 Never	2	1.9%
2	2	1.9%
3	17	16.2%
4	46	43.8%
5 Always	32	30.5%
No Response	6	5.7%
Total	105	100.0%

Table 23

Mentor Publicized My Accomplishments

	Frequency	Percent
1 Never	6	5.7%
2	9	8.6%
3	28	26.7%
4	30	28.6%
5 Always	26	24.8%
No Response	6	5.7%
Total	105	100.0%

Table 24

Mentor Provided Opportunities to See How the Org Worked

	Frequency	Percent
1 Never	3	2.9%
2	4	3.8%
3	21	20.2%
4	40	38.1%
5 Always	31	29.5%
No Response	6	5.7%
Total	105	100.0%

Table 25

Mentor Provided Opportunities To Work On Important Projects

	Frequency	Percent
1 Never	5	4.8%
2	4	3.8%
3	16	15.2%
4	38	36.2%
5 Always	36	34.3%
No Response	6	5.7%
Total	105	100.0%

Table 26

Mentor Introduced Me To Important People

	Frequency	Percent
1 Never	6	5.7%
2	6	5.7%
3	26	24.8%
4	36	34.3%
5 Always	25	23.8%
No Response	6	5.7%
Total	105	100.0%

In addition to frequency data on the one hundred and eighty surveys returned, one hundred and sixty-eight surveys were usable in correlational analyses between mentoring and job satisfaction. Ninety-nine of the one hundred and sixty-eight nurses (59%) indicated they had been involved in at least one mentoring relationship. Sixty-nine nurses (41%) indicated they had never been involved in a mentoring relationship.

Data on these one hundred and sixty-eight nurses was analyzed using analysis of variance. Significantly higher job satisfaction scores were found for nurses who had been mentored (M=45.17) versus nurses who had not been mentored (M=41.39), (See Table 27).

Table 27

Analysis Of Variance For Job Satisfaction Scores: Mentored Nurses Versus Non-Mentored Nurses

Variable: Job Satisfaction

By Variable: Presence of a Mentor

Source	D.F.	Sum of Squares	Mean Squares	F Ratio	F Prob
Between Groups	1	581.10	581.10	6.75	<.01
Within Groups	166	14284.52	86.05		
Total	167	14865.62			

A second analysis was done to determine if presence of a mentor explained a significant amount of variance in job satisfaction, after effects of demographic variables were considered. Categorical demographic variables were dummy coded (0-1) for this analysis. Hierarchical multiple regression analysis found that being a Level 1 or entry level manager (head nurse, charge nurse, unit manager) was the only demographic variable to enter the equation (R=.286) explaining 8.2% of variance in job satisfaction. The negative sign on the beta (see Table 28) indicates that Level 1 nurse managers, who are generally more closely tied to an individual nursing unit, are less satisfied with their jobs. Having had a mentor increased the amount of variance explained in job satisfaction to 11.35%. This unique contribution, while small (3.1%), is statistically significant. The positive beta indicates that having a mentor is associated with increased job satisfaction scores.

Along with frequency analysis and analysis of variance, correlational analysis was conducted on the original one hundred and five nurse survey responses that had indicated involvement in mentoring relations. No significant correlation was found between job satisfaction and the twelve likert-scale items in the Nurse Manager Mentor Questionnaire (r=.1543, p=.13). There was also no significant correlation between the presence of a mentor and the twelve items on the Nurse Manager Mentor Questionnaire (r=.15 ., p=.13). Because

the anticipated correlations were not found, correlations between the individuals items on the Nurse Manager Mentor Questionnaire (NMMQ) and job satisfaction were examined. Five items correlating with at least an r value of .17 or above were used to create a revised form of the questionnaire (R-NMMQ). Examination of the content of these five items found them to be oriented more towards career functions rather then social functions as found on the Kram's mentoring model.

Scores on the revised NMMQ (R-NMMQ) were then added into another hierarchical regression analysis to determine if the amount of variance explained in job satisfaction could be increased by knowing more about the specific activities of a mentor. In this analysis, demographic variables were again entered into step 1 of the analysis. Both presence of a mentor and the R-NMMQ scores were considered at step 2. The R-NMMQ scores explained a unique 3.86% of the variance for a final r square value of 12.56%. This is slightly higher than that found in the previous analysis, but is biased upward by picking only those items for the R-NMMQ that had a significant correlation with job satisfaction at the item level.

Table 28

Multiple Regression: Prediction Of Job Satisfaction Scores Between Level 1 Nurses Who Have Been Mentored Versus Nurses Who Have Not

Variable	B	SE B	Beta	T	Sig T
Level 1 Mgr	-5.419	1.473	-.280	-3.679	.0003
Presence of a Mentor	3.357	1.434	.178	2.340	.0206
(Constant)	45.597	1.479		30.812	.0000

CHAPTER VI

DISCUSSION

Introduction

This descriptive, correlational study was designed and undertaken to determine if nurse managers had been exposed to past mentoring experiences and ,if so, had those experiences affected their own perceived level of job satisfaction. The study is a conceptual replication of Larson's study who looked at similar phenomena among nurse managers in the Pacific Northwest. Kram's mentoring theory (1985) was used as a conceptual model to study how social and career functions of the mentoring process can affect job satisfaction of mentored nurse managers. This section will present an interpretation of the major findings and discuss conclusions about the results. It will also identify implications of the findings for nursing and make recommendations for additional research.

Interpretation and Conclusions of Major Findings

Respondents to the survey were predominantly female (88.9%) from a white ethnic background (80.6%). These figures compare with Larson's study (1980) who found that females accounted for 99.1% of the respondents to her survey. She also found that whites made up 93.1% of her respondents. This shift in numbers among nurse managers to lower percentages of whites and females might be attributed to several factors. To

begin with, Larson's study took place in 1980 while this study was conducted in 1993. Over the past thirteen years the demographics of nursing have certainly changed. Geographic location must also be considered. Larson's study was conducted in the northwest part of the United States while this study was conducted in the State of Texas among civilian and military nurses. This could indicate that nurse managers in the southwest are more ethnically diverse. It could also be indicative of the 46.1% of the respondents who were military and are more routinely transferred from one geographical location to another. The difference in results might also mean that an increasing number of minority ethnic groups and males are working their way into management positions within the profession of nursing.

Other demographic results of interest include highest educational preparation of the responding nurse managers. Thirteen years ago, Larson found that 4.3% of the nurse managers who completed her survey had associate degrees as their highest educational preparation. She also found that 20.7% had diplomas in nursing with 42.2% having baccalaureate degrees, 31.9% having masters degrees and .9% having post-master's education. The current study shows nurse managers being somewhat higher educated. Associate degree nurse managers now number only 3.9%, with diploma nurses only 7.3%. Baccalaureate degreed nurses now make up 45.8% of the nurse managers, while masters prepared nurses comprise 42.2%

of the nurse managers. Doctorally prepared nurse still make up a small percentage of the nurse managers, .6% (n=1 for this study and n=1 for Larson's study). These results must also be interpreted with the previous limitations in mind but they do seem to indicate that nurse managers of today are better educated than nurse managers of thirteen years ago.

Years in nursing and years in the current position are also of interest in comparing Larson's study and the current study. Larson found that 69.8% of the nurse managers had been working in nursing for over ten years. The current study found that these numbers have risen to 76.3%. By contrast, Larson's study found that 32.7% of the nurse managers had been in their current managerial position for over five years as compared to the current study that found only 26.5% of the managers with five or more years in their current position. This could indicate that it is taking nurses longer to get into managerial positions and/or nurses are not remaining in current positions for as long as they were thirteen years ago.

The findings of the current study also indicate that many nurse managers spend little, if any, time outside their work setting on professionally related healthcare activities. Fully 22.8% of the respondents indicated they averaged zero hours per week on healthcare related professional activities outside the work setting. This becomes especially alarming when one realizes that role modeling is considered an integral part of the mentoring process. The question becomes, are

nurse managers providing a positive role model for more junior nurses, including staff nurses, by not becoming involved in professional activities outside the work setting?

An additional comparison between the current study and Larson's study does reveal one particularly disturbing, although not significant, statistic. Thirteen years ago Larson found that 61.2% of the respondents to her survey indicated they had been exposed to a mentoring relationship as a nurse manager. The current study has found that these numbers have actually dropped to 58.3% of the nurses who indicated a mentoring relationship. With the current study revealing that level 1 or entry level nurse managers (head nurses, charge nurses, unit managers and their assistants) are the least job satisfied of nurses in management positions, the importance of mentoring new nurse managers becomes even more evident. The results of the analysis between presence of a mentor and levels of job satisfaction bear this out. The study demonstrated that nurses who have been mentored do have statistically higher levels of job satisfaction than nurses who have not been mentored. This becomes particularly important in light of the current study that found that 64.5% of the respondents were employed in level 1 nurse manager positions.

Results of the study regarding specific facets of the Nurse Manager Mentor Questionnaire (NMMQ) demonstrated several interesting points. The study found that 67.7% of the nurses

who indicated they had been mentored were started in those relationships prior to actually becoming a manager or within the first six months of assuming their managerial duties. This would seem to stress the importance of early mentoring programs for nurses who have been identified for management positions.

It was not surprising that 48.6% of the respondents had identified an immediate supervisor as a mentor or that an additional 9.5% claimed their mentor was in a position above their supervisor. It was surprising, however, that 19.1% of the respondents identified a peer as a mentor. This might help to quell the concerns managers may have about being able to be a mentor to all of their subordinates. The study suggests that mentoring programs among peers may be a viable alternative to supervisor oriented mentor programs. This is also supported by 20.0% of the respondents who indicated that their mentor was a personal friend. This also corresponds with Kram's mentoring model in which she identifies friendship as one of the psychosocial functions of mentoring (1985).

Age of the mentor in relation to the protege was another factor looked at. Fully 73.3% of the respondents reported that their mentor was older then they.

Conclusions about the data regarding the Nurse Manager Mentor Questionnaire (NMMQ) and the Revised-Nurse Manager Mentor Questionnaire (R-NMMQ) indicate the importance of the specific areas addressed by this part of the survey. While

all twelve items on the NMMQ can be described as important aspects of mentoring, the five statements on the R-NMMQ that shared higher r values then the rest of the NMMQ are all co..sidered career functions of mentoring as described by Kram. This would indicate that the career functions of mentoring positively effect job satisfaction even more then the psychosocial functions of mentoring.

Implications for Nursing

The study identified the importance of mentoring as an activity that leads to higher levels of job satisfaction among nurse managers. In particular, the study points out the importance of mentoring nurses in Level 1 or entry level positions such as head nurses, charge nurses, unit managers and assistants for these positions. Of specific concern are those areas of mentoring that Kram calls career functions (1985). These areas include sponsorship, visibility, coaching, protection and challenging assignments. Nursing leaders must become more aware of these important facets of mentoring and make a more concerted effort to see that mentoring of more junior nurse managers becomes a way of life within the nursing profession. Unfortunately, in light of increased work loads, tighter budgets, and fewer staff, this process may actually be decreasing if the comparison between the percentages of nurses being mentored in this study and Larson's study are indicative of nursing as a whole in 1993.

It is also important that the results of this study not be generalized to all nurses and specifically to all nurse managers. The demographics of this study may be a unique factor in the results obtained in the study. In particular, the combination of geographic locale coupled with a sample population consisting of civilian and military nurses may be a limiting factor in generalizing the results to nursing as a whole.

Recommendations For Additional Research

The three parts of the questionnaire used in the study provide a tool to measure job satisfaction among previously mentored nurse managers. Replications of the study would be helpful to further the overall body of knowledge on the effect of mentoring on job satisfaction.

The Job in General scale (JIG) provided a easily scorable global approach to determining job satisfaction among nurse managers. Further research might consider a more facet specific scale to look at additional factors that may explain job satisfaction. These factors might include salary, autonomy, and specific working conditions.

The Nurse Manager Mentor Questionnaire (NMMQ) utilized in the study looked at breadth and depth of the mentoring process. Additional research using the NMMQ is certainly needed to further evaluate the validity and reliability of the instrument. A definite benefit to the scale is that the twelve likert-type items in the questionnaire closely parallel

Kram's mentoring theory with its emphasis on career and psychosocial functions.

Additional research is also warranted on determining the effect of mentoring on job satisfaction of nurses in other than management positions. Are staff nurses, for example, being mentored by their nurse managers? If so, what are the effects on their job satisfaction? If they are not being mentored, why not? Concerns also exist in the literature about nursing academia. Are more senior nurse educators mentoring newer nurse educators? Are nurse educators themselves mentoring their students? What about the mentors themselves? Research on what makes an individual a good and successful mentor also needs updating and clarifying.

Further research also needs to be done within different geographical locations. Are the results Larson obtained thirteen years ago in the Pacific Northwest unique to that time and locale, or, are they still applicable findings that are generalizable for todays' nurse managers? Additional research would certainly assist in answering these questions and furthering nursings body of knowledge on mentoring and its' effect on nurses.

APPENDIX A

PERMISSION TO REPLICATE THE STUDY

PROVIDENCE MEDICAL CENTER
500 17th AVENUE
P.O. BOX C-34008
SEATTLE, WASHINGTON 98124
PHONE (206) 326-5555

SISTERS OF PROVIDENCE
SERVING IN THE WEST SINCE 1856

October 29, 1991

Dan Kirkpatrick
204 Juniper Drive
Arlington, TX 76018

Dear Dan:

Enclosed is a copy of my thesis. You have permission to replicate this study. The tools I used are referenced in the body of this thesis.

Sincerely,

Barbara

Barbara A. Larson
Associate Administrator
Nursing Services

BAL:jr

Enclosure

APPENDIX B

CONSENT FORM

University of Texas at Arlington
School of Nursing

Dear Nursing Manager

I am a graduate student in the School of Nursing, University of Texas at Arlington. In partial fulfillment of the requirements for a Master of Nursing Degree, I am conducting a research study. My area of interest involves the determination of factors that affect job satisfaction among nurses in management positions. The results of this study can contribute to an increased understanding of what those factors are.

This study entails a three part questionnaire. Part I consists of a valid and reliable tool to measure job satisfaction. Part II is a questionnaire about mentoring. Part III is a brief demographic questionnaire. Please note: it is very important that the questionnaires are filled out in order.

Your participation in this study would be greatly appreciated. The questionnaire takes approximately fifteen minutes to complete. There are no right or wrong answers to the questions. Your employer will not be aware of your participation or lack thereof; therefore, your participation will not affect your employement in any way.

If you choose to complete the questionnaire, please fill it out in its entirety and then place it in the stamped envelope provided. Please do not write your name on any of the material. Your completion of this questionnaire indicates your consent to participate in the study.

Upon completion of my study, I will be happy to share a summary of the results with you. Thank you.

Sincerely,

Daniel R. Kirkpatrick
Graduate Student, University of Texas at Arlington

APPENDIX C

SURVEY QUESTIONNAIRE

PART I

Job Satisfaction Questionnaire

DIRECTIONS: Think of your job, overall, as you answer each item below. What is it like most of the time?

Circle Y if the item describes your work
Circle N if the item does <u>not</u> describe your work
Circle ? if you cannot decide or the item does not apply

<u>JOB</u>

1.	Pleasant	Y	N	?
2.	Bad	Y	N	?
3.	Ideal	Y	N	?
4.	Waste of time	Y	N	?
5.	Good	Y	N	?
6.	Undesirable	Y	N	?
7.	Worthwhile	Y	N	?
8.	Worse than most	Y	N	?
9.	Acceptable	Y	N	?
10.	Superior	Y	N	?
11.	Better than most	Y	N	?
12.	Disagreeable	Y	N	?
13.	Makes me content	Y	N	?
14.	Inadequate	Y	N	?
15.	Excellent	Y	N	?
16.	Rotten	Y	N	?
17.	Enjoyable	Y	N	?
18.	Poor	Y	N	?

PART II

Nurse Manager Mentor Questionnaire

The following definition of mentoring focuses on the mentoring process from the perspective of a nurse in a management or supervisory position. Mentoring is a situation that occurs when an experienced manager (a mentor) tries to provide information, advice, counseling, guidance and emotional support to a new manager (a protege) in an organization. The functions of a mentor include; teacher, advisor, sponsor, role model, counselor and personal friend. The relationship usually lasts over an extended period of time, such as months to years, and is marked by a large emotional and professional commitment from both parties. Mentoring differs from the individual functions of advising, sponsoring, teaching or role modeling in that it encompasses all of these activities and is much more involved, personal and intense then any one of these activities individually. If the opportunity presents itself, the mentor also uses both formal and informal means of influence to help, protect and further the career of the protege. The mentoring process may be started by either the mentor or the protege and may be established formally (i.e. such as a sanctioned activity in a particular organization) or informally.

The purposes of this part of the questionnaire are to: (1) determine if you were ever mentored as a manager, that is, when you became a manager, did someone mentor you (use the above definition of mentoring to make this determination), and (2) to determine how "in-depth" that mentoring relationship was.

1. As a nurse manager or someone who has been identified to become a manager, have you ever been involved as a protege in any mentoring relationships that focused on building your management skills.

   YES _____ NO _____

   If you answered NO, you are finished with PART II of the questionnaire. Please go to PART III.

   If you answered YES, please continue on with the rest of PART II of the questionnaire.

2. Were you involved in a formally established mentorship program (i.e. developed, managed, and sanctioned by the organization) or in an informal mentorship program (i.e. not managed, structured or formally recognized by the organization)?

   FORMAL _____ INFORMAL _____

3. How many mentoring relationships have you had during your nursing management career where you were the protege?

   ONE _____ TWO _____ THREE OR MORE _____

   If you answered that you have been involved in TWO OR MORE mentoring relationships, answer the rest of the questions focusing on the most significant of those mentoring relationships.

For questions 4-12, circle the one best answer.

4. What was the professional relationship between you and your mentor?
   a. Peer on the same organizational level
   b. Your superior within the organization
   c. Someone at least one position above your superior
   d. Someone out of your department but within the same organization or company
   e. Other (please specify) _____.

5. How would you describe the social relationship between you and your mentor?
   a. Close personal friend
   b. Professional social relationship only
   c. No personal or professional social relationship existed
   d. Other (please specify) _____.

6. How soon after you became involved in a management situation did the mentoring process begin?
   a. Prior to actually beginning in the management situation
   b. 0-3 months
   c. 3-6 months
   d. 6 months-1 year
   e. 1-2 years
   f. 2-3 years
   g. 3+ years

7. How long did this mentoring relationship last?
   a. 0-6 months
   b. 6 months-1 year
   c. 1-2 years
   d. 2-3 years
   e. 3+ years

8. Is your mentoring relationship still ongoing?
   a. YES
   b. NO

9. Was your mentor older or younger then you?
   a. Older
   b. Younger
   c. By how many years (approx)_____.

10. How did you meet your mentor?
   a. Socially
   b. On the job
   c. In class
   d. By chance
   e. It was arranged by another individual
   f. Other (please specify) _____.

11. Was your mentor of the same sex?
   a. YES
   b. NO

12. Was your mentor a registered nurse?
   a. YES
   b. NO
   c. If you answered NO, what occupation was your mentor?

   _____.

Please mark your response to questions 13-26 by circling the number that applies. 1 = NEVER, 2 = ALMOST NEVER, 3 = OCCASIONALLY, 4 = FREQUENTLY, 5 = ALWAYS

Begin each question with: MY MENTOR

		NEVER				ALWAYS
13.	served as a role model	1	2	3	4	5
14.	shared their career history with me, pointing out the highs and the lows	1	2	3	4	5
15.	provided opportunities for me to just 'talk'	1	2	3	4	5
16.	would bend or break rules to help me get ahead of my peers	1	2	3	4	5
17.	helped me develop interpersonal skills	1	2	3	4	5
18.	provided me with honest positive and negative feedback about my work	1	2	3	4	5

		NEVER				ALWAYS
19.	encouraged me to take on difficult and challenging assignments	1	2	3	4	5
20.	protected me in my work	1	2	3	4	5
21.	allowed me time off from work to pursue personal matters	1	2	3	4	5
22.	encouraged me to get involved in professional activities related to my job	1	2	3	4	5
23.	publicized my accomplishments	1	2	3	4	5
24.	provided me unique opportunities to 'see how the organization worked', e.g. took me to important meetings and encouraged my membership on committees	1	2	3	4	5
25.	provided me an opportunity to work on important projects.	1	2	3	4	5
26.	introduced me to important people both inside and outside the organization	1	2	3	4	5

PART III

Demographic Data

Instructions: After each question in this section, either circle the number(s) that indicate your answer or write in your answer in the space provided.

1. What is your current occupational position(s)?

   Head Nurse.....1
   Charge Nurse.....2
   Unit Manager.....3
   Coordinator.....4
   Clinical Supervisor.....5
   Assistant/Associate Nursing Administrator.....6
   Senior Nursing Administrator.....7
   Director of Nursing, VP of Nursing, Chief Nurse...8
   VP of Patient Care Services.....9
   Other _____

2. Are you employed full time.....1
   part time.....2

3. How many years have you had this position(s)? _____

4. How many years have you been in nursing? _____

5. What was your basic nursing preparation?

   Associates Degree.....1
   Diploma.....2
   Baccalaureate.....3

6. What is your highest educational preparation?

   Associates Degree.....1
   Diploma.....2
   Baccalaureate.....3
   Masters.....4
   Doctorate.....5

7. On the average, how many hours a week do you spend on healthcare related professional activities <u>outside</u> the work setting?
   Hours per week _____

8. What has been your major career emphasis in nursing? Circle <u>one</u> or <u>more</u> numbers in Parts a. and b.

   a. Clinical Interest or Specialty in Nursing

   Community/Public Health.....1
   Medical/Surgical....2
   Parent/child.....3
   Psych/Mental Health.4
   Geriatric.....5
   Rehabilitation.....6
   General Practice....7
   Other (specify).....8
   _____

   b. Major Functional Area in Nursing

   Clinical practice....1
   Education/academic...2
   Administration of:
   Nursing Services..3
   Education program.4
   Research.....5
   Other (specify).....6
   _____

9. Was nursing a first career choice?

Yes.....1
No.....2

If no, what was your first choice(s)?

_____

10. Have you had educational preparation and/or engaged in careers other than nursing?

Yes.....1
No.....2

If yes, please describe.

_____

11. On the average, how much time do you travel annually in relation to professional matters (e.g. presenting papers, holding workshops, consulting, testifying, attending conferences, etc.)?

Regional (approximate days/year):_____
National (approximate days/year):_____
International (approximate days/year):_____

12. Age

20-25 1	46-50 6
26-30 2	51-55 7
31-35 3	56-60 8
36-40 4	61-65 9
41-45 5	66+ 10

13. Gender

Male.....1
Female.....2

14. Ethnic Background

Black/African American....1
Asian American.....2
White.....3
Hispanic.....4
Other (specify).....5 _____

15. Salary Range (Annual)

$25,000-$34,999 1
$35,000-$44,999 2
$45,000-$54,999 3
$55,000-$64,999 4
$65,000-$74,999 5
$75,000-$84,999 6
$85,000+ 7

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